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CENTRAL FAX CENTER****JUL 22 2005****DATE:** July 22, 2005**TO:** Examiner Karla A. Moore **FAX NO.:** 571-273-8300
USPTO GPAU 1763**FROM:** Jeffrey S. Abel
Reg. No.: 36,079**RE U.S. App. No.:** 10/602,294, filed June 23, 2003**Applicant(s):** Venkat Selvamanickam, et al.**Atty Dkt No.:** 1014-SP108-US**Title:** HIGH THROUGHPUT CONTINUOUS PULSED LASER
DEPOSITION PROCESS AND APPARATUS**NO. OF PAGES (including Cover Sheet):** 11**MESSAGE:**

Attached please find:

- ☒ Transmittal Form (1 pg)
- ☒ Fee Transmittal (1 pg)
- ☒ Two-month Extension of Time (1 pg)
- ☒ Response to Office Action (7 pgs)

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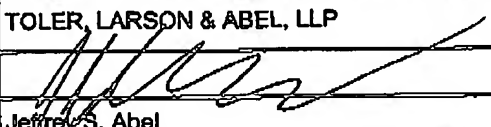
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/802,294
	Filing Date	June 23, 2003
	First Named Inventor	Venkat Selvamannickam
	Art Unit	1763
	Examiner Name	Karla A. Moore
	Attorney Docket Number	1014-SP108-US
Total Number of Pages in This Submission		10

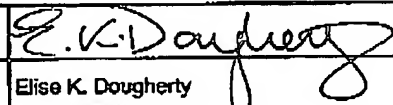
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	TOLER, LARSON & ABEL, LLP		
Signature			
Printed name	Jeffrey S. Abel		
Date	7/22/05	Reg. No.	36,079

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Elise K. Dougherty	Date	7/22/05

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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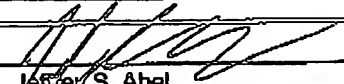
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/602,2947
TOTAL AMOUNT OF PAYMENT (\$) 450.00		Filing Date	June 23, 2003
		First Named Inventor	Venkat Selvamamickam
		Examiner Name	Karla A. Moore
		Art Unit	1763
		Attorney Docket No.	1014-SP108-US

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2469 Deposit Account Name: TOLER, LARSON & ABEL, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
- 20 or HP =		x	=	=	=		=
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
- 3 or HP =		x	=	=	=		=
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		Fees Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	=	=		=
4. OTHER FEES(S)							
Non-English Specification, \$130 fee (no small entity discount)							450.00
Other: Two-month Extension of Time							450.00

SUBMITTED BY		Registration No. 36,079	Telephone 512-327-5515
Signature		(Attorney/Agent)	Date 07/22/2005
Name (Print/Type) Jeffrey S. Abel			

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